

Receipt

PATENT
ATTORNEY DOCKET NO.: 047763-5010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

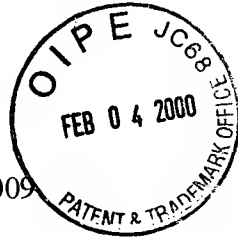
In re Application of:

Carol MORRIS et al.

Application No.: 09/367,009

Filing Date: November 8, 1999

For: DIAGNOSIS OF DISEASE USING TEARS



Group Art Unit: 1743

Examiner: Unassigned

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

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REQUEST FOR CORRECTED FILING RECEIPT

Attached is a copy of the Official Filing Receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

There is an error with respect to the following data which is:

- ☒ incorrectly entered
☐ omitted.

Error In

Correct Data

☒ Inventor's Address:

--MARK MOLLOY, New South Wales,
AUSTRALIA--

☒ The correction is not due to any error by the applicant and no fee is due.

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Application No.: 09/367,009

Page 2

- ☐ At least one of the above corrections is due to the applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:
- ☐ Enclosed is a check in the amount of \$25.00.
- ☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0310.

Respectfully submitted,

MORGAN, LEWIS & BOCKIUS LLP

Elizabeth C. Weimar
Elizabeth C. Weimar
Reg. No. 44,478

Dated: February 4, 2000

Patent Support Unit
MORGAN, LEWIS & BOCKIUS LLP
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/367,009	11/08/99	1743	\$1,178.00	047763-5010	0	12	4

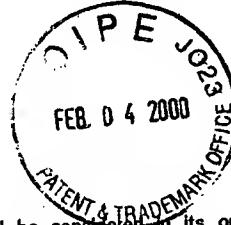
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MORGAN, LEWIS & BOCKIUS
1800 M STREET NW
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A 371 OF PCT/AU98/00071 02/06/98

FOREIGN APPLICATIONS- AUSTRALIA

P0 5009

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/08/99

TITLE
DIAGNOSIS OF DISEASE USING TEARS

PRELIMINARY CLASS: 422

TC 1700 MAIL ROOM

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By 191 Date 12-9

DATA ENTRY BY: ORDONEZ, MARTA

TEAM: 11 DATE: 12/08/99

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